



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

APPLICATION TO OPERATE A CHILD CARE FACILITY

CHECK ONE: NEW FACILITY _____ RENEWAL _____

Name of Facility _____

Facility Address _____ City _____ State _____ Zip _____

Owner of Facility _____ Phone _____

Owner's Address _____ City _____ State _____ Zip _____

Director of Facility _____

ENROLLMENT

No. of children who attend 4 hours or less daily _____ # in AM _____ # in PM _____

No. of children who attend more than 4 hours daily _____

Total number of children enrolled in facility _____

For new facilities only- Maximum enrollment allowed by:
Zoning _____ Special Permit# _____

Board of Supervisors _____ Special Exception Date _____

Age range of children: From _____ to _____

Days of operation: _____M _____T _____W _____Th _____F

Hours of operation: _____ to _____ _____ to _____ _____ to _____ _____ to _____

Water Supply: Public Private Sewage Supply: Public Private

Food Service: Lunches Served: Yes No Prepared on Premises: Yes No

(If catered, submit copy of food service contract)

Applicant's signature _____ Date: _____

OFFICE USE ONLY

I have checked and verified ownership listed above: Yes _____ No _____

MAXIMUM ENROLLMENT FACTORS (for new facilities)

TOTAL SETS OF TOILET FIXTURES _____ X 20= _____ (OF CHILDREN)

Final Inspection Date: _____ EHS: _____

Permit to read: _____

EHS SIGNATURE _____ DATE _____

Fairfax County Health Department

Division of Environmental Health

Community Health and Safety Section

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